

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH CAPTAIN PETE DALLMAN, UNITED STATES NAVY, COMMANDER OF AMPHIBIOUS SQUADRON 5 VIA TELECONFERENCE FROM SAN DIEGO, CALIFORNIA TIME: 12:01 P.M. EDT DATE: THURSDAY, JUNE 26, 2008

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LIEUTENANT JENNIFER CRAGG (New Media Directorate, OASD PA): Well, sir, we're going to go ahead and get started. I know that once we start in the conversation, more than likely the other two bloggers will come on. It's 12:01. I know your time is precious.

So with that, hello and I'd like to welcome you all to the Department of Defense Bloggers Roundtable for Thursday, June 22nd -- 26th, excuse me. My name is Lieutenant Jennifer Craig with the Office of the Secretary of Defense for Public Affairs and I'll be moderating the call today.

And a note to the bloggers on the line -- I know, Chris, you're on the line right now. Please remember to clearly state your name and the organization you are with. And today our guest is from the USS Boxer. It's Captain Peter Dallman, he's commander of Amphibious Squadron 5. Captain Dallman will discuss their ongoing support for Continuing Promise 2008 as Boxer's two-month deployment wraps up. The specific locations that Boxer provided relief operations included Guatemala, El Salvador and Peru.

So with that, sir, I'd like to turn it over to you for an opening statement.

CAPT. DALLMAN: Okay. Well, thank you very much for having me on your -- on the conversation today. Boxer arrived today in San Diego. We spent the last two months essentially going down to Guatemala, El Salvador and Peru. We spent 11 days working in Guatemala, 11 more in El Salvador and then six down in Peru.

This mission was designed to be a humanitarian/civic assistance mission where we had medical and dental personnel conducting an ongoing medical and dental mission. And then we also had 60 Seabees with us, and they were doing small-scale construction projects at schools and churches and places like that in the three countries.

This mission is something that the Navy is starting to do more of. And it reflects our new national maritime strategy, which was signed by the chief of Naval Operations, the commandant of the Marine Corps and the commandant of the Coast Guard. And in that strategy it basically outlines the idea that we want to get involved with this type of mission more and we want to reach out to partner nations just like these three that we reached out to and to conduct

ongoing efforts like this, where we can not only work with them -- you know, work side-by-side with them but to serve under-served people in those countries and also, equally important, to train our personnel in how to conduct follow-on, real-life, real-world humanitarian assistance, disaster relief operations.

So that's a quick overview of what we've done.

LT. CRAGG: Thank you, sir. And right when you were beginning your opening statement a caller came on. Who's joining us? Did someone come on?

Q Yep. That was John Donovan, who couldn't find his mute button.

LT. CRAGG: Okay. Thank you John, I appreciate it. You're number two on the list, so we're going to go ahead and start with Chris. Chris, go ahead and ask the captain any of your questions. We'll go on to John.

Q Okay. First, thank you for speaking today. My sort of question -- so you're in each port for a few days. How does your mission fit into the long-term care of the patients? Right? So many of the -- you know, many of the conditions and diseases they face are long-term. And you're in the port for the few days, so how do you work with NGOs to sort of give them continuing care before and after your visit?

CAPT. DALLMAN: Well, it's a good question, since the long-term care, obviously, that presents challenges for an 11-day mission like we had.

Our mission was relatively quick in terms of planning, so we were unable to get a lot of NGOs to assist us directly. We did have the Public Health Service -- U.S. Public Health Service and Project Hope involved with this mission. They provided their expertise and had people in on what we were doing.

In terms of providing long-term care, we sent a team in in advance of the ship's arrival to work with the host nationals and to identify people that need care and set them up in terms of numbers of patients coming per day to a particular site. And there is also a capability that we brought where we were able to fly people out to Boxer to conduct surgeries. Well, obviously, there's a little bit of care there; things like hernia repair, gall bladder operations and cataracts were probably the biggest three that we did. And obviously, there's a limited care there.

But in terms of long-term care, that obviously presents challenges for what we were specifically doing. In the long run what we're looking to do is to provide more long-term involvement and commitment to these countries where we're coming back on a regular but not necessarily a routine basis. So we did also provide training to people standing in line and in dedicated training sessions to medical professionals across a wide array of topics, everything from how to brush your teeth to waste disposal to ob-gyn issues and all sorts of issues like that. We also had a preventive medicine team that was out there doing some assessments and trying to give insights and suggestions as to how to improve those conditions that they saw as well.

LT. CRAGG: Good afternoon. Who's joining us?

Q Chuck Simmons from America's North Shore Journal.

LT. CRAGG: Okay. Thank you, Chuck.

John, if you want to go ahead with your questions.

Q Thank you.

Captain, I'm curious -- and I may have missed this, since I did come in a little late -- what form or what kind of staffing for planning you've got set up for this. Is this the task group staff and you're doing it more or less ad hoc as you approach based on your advance team's report back, or are you carrying U.S. Public Health, State, et cetera, people aboard who are actually trying to leapfrog ahead? And are you trying to do this in a more coherent fashion? And I'm not implying that you're not. My vocabulary's just failing me right now because I want to come out with a whole bunch of Army planning terms.

CAPT. DALLMAN: (Laughs.) Yeah, okay, I think I can answer that question. Obviously, I'm an amphibious squadron commander, so what my staff and I do for a living is we serve as an amphibious task force commander and oversee the efforts of an amphibious task force in pushing Marines to the beach and getting them back off, either using surface craft or helicopters. So we're not necessarily, you know -- (laughs) -- we haven't done this before, I'll be quite honest with you.

This mission is a planning mission like anything else, so it's not necessarily hard, but it's made more difficult when the planning timeline is compressed. And we haven't done -- the United States Navy hasn't done a lot of it, so there isn't a lot of written guidance on best practices and detailed procedures -- which we are developing, though, by the way. My staff is -- I think we've gotten a lot better at planning as a result of this. And like I said, I don't think it's particularly difficult to do this, it just takes some time to plan it all out.

On the other side of the coin, the medical planners obviously are a key factor in this, and the surgical team that works for me and with me here on Boxer is also in the same group, where some of those people have some experience in this kind of stuff before, but a lot of what they did was learning by doing.

You suggested the idea of advance teams hopscotching in advance. There was a little bit of that. We had a site survey team that went down to each of these three countries. I actually went to two of them myself. And we did advance planning at about T minus 75 days, and we were able to see where we were going to go and establish some of the contacts and come up with a pretty general -- a pretty detailed concept of operations based on that site survey.

And then we had the advanced coordination element and an embed team, two separate groups of people, mostly the detailed nuts and bolts planners, bubbas (ph), the medical folks and civil affairs folks, to go in seven and 14 days or so ahead of the ship's arrival, and they did the last-minute detailed liaison and set-up.

We also had, in two of the three countries, a political-military representative from the embassy, a mid-grade level embassy professional, essentially, an officer from their staff who assisted us in conducting detailed coordination with the host nation and with the embassy in order to make sure -- I was in on one that -- (inaudible) -- process and what they want to do. So they were with us a few days in advance, the pol-mil reps from the embassy were with us a few days in advance and then stayed with us through that visit.

So, good question. We want to try and conduct planning in a little bit more detailed fashion, I think. It's certainly going to have synergistic effects, and having people go into the country in advance is also going to be helpful.

So does that answer your question?

Q Your question was much -- excuse me -- your answer was much better than my question. A short follow-up, if I might. I'm looking to join the next one of your sister ships in the next mission down there. I was just curious as to what formal procedures, if any, you have for handing off your lessons learned to those who are going to follow you.

And then the allied question is, assuming it's not FOUO, can I get one? CAPT. DALLMAN: Well, the lessons learned is a formal process that the Navy does via a database which is going to go -- it's a standard thing that we do. We're almost done finishing those up. Obviously, we'll pass those on to our successors, and that will go into the formal Navy lessons learned database. We are also doing a post-deployment brief to the upper level of Navy senior command. That's a relatively short PowerPoint presentation based on, you know, our big-picture lessons learned. So it varies based -- how it looks based on the staff that we're briefing and the number of stars of the senior member in the audience.

But those are available through the ship that follows us. I'm sure that is going to be available. If you have need to know, if you get involved in that, I'm sure that that will be at the forefront of what they present to you to make you smart on the overall mission.

Q Thank you, sir.

LT. CRAGG: Okay, let's go ahead with the --

CAPT. DALLMAN: Go ahead --

LT. CRAGG: I'm sorry. Go ahead.

Let's go with the third caller.

Chuck, if you want to go ahead with your questions.

Q You're talking to me, Jennifer, right?

LT. CRAGG: Yes, yes.

Q Okay.

LT. CRAGG: You want to go ahead, Chuck.

Q Okay, thank you. Chuck Simmins from America's North Shore Journal.

The load-out that you brought down with you -- I know you had supplies for Project Handclasp. Did you also bring down the materials necessary for all of the repair projects and reconstruction projects that you undertook? Was that part of the Seabees load-out, or was that material all on site when you got there?

CAPT. DALLMAN: That's a good question. I think I understand it. We were given some Title 10 funds to allocate for Seabee projects. We were given some for medical and dental projects overall. The money that the Seabees got was spent supporting their projects. Obviously we spent -- we purchased about half of the things we needed -- big picture, that's about what we got, half of it here in the continental U.S. and then about half of it in the countries as we went along. We're just a little bit limited on the time we had and the space we had on the ships, so we ended up getting about half of it down there. But that's the way we did it. Obviously, pros and cons to those methods, you know, either buy it stateside or buy it in-country, but that's how it worked out for us.

Q All right. And I have one quick follow-up question. The one picture out of the whole mission that really caught my fancy was your chaplain doing some welding. I'm not sure they teach that in the seminary. Do either of you know about where a chaplain obtains welding skills?

CAPT. DALLMAN: (Chuckles.) Well, you know, he was just in my office here a minute ago, and he didn't mention it, and I hadn't seen that picture, so I'll have to be sure to give him some grief about that. Everybody loves to give Catholic priests grief. But obviously, I don't know the answer to your question, but he certainly was involved -- he participated in some masses in the countries. He certainly got out and talked to a lot of these people.

You know, it's surprisingly -- the -- it's hard for some of the people that he talked to to understand the fact that on a United States Navy warship, there could actually be a chaplain or a priest, and so he had to -- you know, he would frequently wear a rosary around his collar so that people would understand he was, in fact, a Catholic priest, and I thought that was to great effect. I don't know if that's in accordance with Navy uniform regulations.

But the point is, we're trying to show these countries the -- another side of America, and that was actually a point that the bishop in Huacho, Peru, made when we left there, was that "It's interesting, it's beautiful, it's wonderful for us to see another side of America, and you have shown that to us, and we appreciate that."

The chaplain, he was out working the crowd, and I guess he got -- must have gotten a little carried away with the welding rod. But rest assured, if he made anything though -- if he did any welding, I'm sure there was QA follow-up process involving the back side.

Q (Chuckles.) All right, sir. Thank you.

LT. CRAGG: And does any of the other bloggers have any follow-on questions for Captain Dallman?

Q Yeah, I do.

LT. CRAGG: Go ahead.

Q Sir, this is Chris, from War & Health again. I was -- just a little point of information. Do you know how many NGO staffers are on-board the ship?

CAPT. DALLMAN: How many NGO staffers are on-board the ship? Right now we have none. We've had up to 21 Project Hope people coming and going -- 21

total across the first two port visits that we went to. Public Health, I think we had 15 total from the United States Public Health Service. And that's -- unfortunately, that's all we had. There have been other missions, partner nation involvement from other countries also. Some people wanted to assist in the efforts.

So ours was somewhat -- relatively limited. And like I said, it's difficult to say with a straight face that a four-month planning timeline is a short timeline, but the effect of that is it was a little late notification for us to go to partner nations -- I'm sorry, to nongovernmental organizations and to have them pitch in a lot for this fight. But they're certainly looking forward to follow-on missions.

And I think that's going to -- ultimately, that's going to be a golden key to our success, to do these types of missions. Project Hope folks and the Public Health Service goes through this kind of thing, obviously, on an ongoing basis as opposed to an episodic basis as we are doing it here on Boxer. They have experience in this. They're trained in it. And I think, in my opinion, the Navy wants to continue to ask them to get involved in this kind of thing.

And I think it's going to be good for both Project Hope and Public Health and other NGOs to continue to push people into these missions and push them forward to do this kind of work because, you know, they're good at it and we certainly can learn from them. They added a lot of value to our processes and our overall effort.

LT. CRAGG: Does anybody have any other questions? Q Yeah, I have one more.

LT. CRAGG: Go ahead, Chuck.

Q In reading the news releases, it sounds like -- that the overall Promise 2008 mission was shorter, maybe, because of the amount of activity involved. From Boxer's perspective on missions that you handle, was this -- how did this fall into your normal time frame? And was it because of the additional people on board, the additional duties or was it just that this is the way that it fit into the overall plan for Boxer for the next year or two?

CAPT. DALLMAN: I'm certainly sorry to ask you to repeat. I missed just enough of your question that I'm not really sure where you want me to go. Can I ask you to state it again, just so --

Q Okay. In reading the news releases, it seemed that this was a shorter mission than may be normal for Boxer. And my question was --

CAPT. DALLMAN: Right, right.

Q You had a lot of people on board that you normally don't carry. Was that the primary reason? Or was it just that you had this opening in the normal Navy plans for Boxer for the next year that they could fit this in for you guys?

CAPT. DALLMAN: Okay, I think I understand your question.

Yes, this is a shorter mission for Boxer, two months as opposed to -- the last deployment we went to went on, to the Arabian Gulf and Western Pacific, was an eight-and-a-half month deployment.

Big picture, without getting into a lot of detail and compromising anything that might be classified, I would say that this was seen as an opportunity, in Boxer's deployment schedule, to send us down to Latin America for two months. And we availed ourselves of that.

We certainly had a tailored group of people onboard the ship, that were brought onboard specifically in order to support this mission, in terms of the 90 medical and dental professionals, as well as 60 seabees, as well as the helicopters and the crews to support them that we brought onboard and the beachmasters and the two landing craft that we had.

So yes, that was all -- all those people were --

Q So you were very crowded then.

(Cross talk.)

CAPT. DALLMAN: No, not so much. Boxer has got a lot of racks. We have a lot of capability to expand to that. So I mean certainly, you know, the ship fills up. But it wasn't full.

Q Thank you.

LT. CRAGG: And sir, I had a quick question for you, if possible.

CAPT. DALLMAN: Sure.

MR. CASEY: Can you tell me about some of the construction projects that you performed in the three countries that you visited? I know you went to a lot of different cities in those countries. But can you explain some of those projects?

CAPT. DALLMAN: Sure can, sure can. Let me just flip to one thing, one of my crib sheets here.

We had 60 seabees. They did mostly vertical work: plumbing, electrical and roof repairs and upgrades. And when I say an electrical upgrade, that basically means they rewired an entire school facility in order to make it all work. A lot of these places we went into were schools where the lights didn't work. The lights were, you know, popped out, burned out. There were no ceiling fans. There were no windows, no screens.

We put, you know, the seabees put all that stuff in there. A lot of roof upgrades. I'm sure you can imagine, they get some rain down there. You know, they just laid on a lot of new roofs for these types of things.

We worked in 12 project locations. Eight of them were schools. We did -- and that's what involved this plumbing, electrical and roof upgrades mostly. They didn't bring any equipment for repairing roads or bridges. But we did bring enough where we could repair two culverts. Culvert's just a fancy word for drainage ditch I've learned.

So we did two of those and we also put a roof on a church in Guatemala. And we did some minor work at one of the clinics. So a lot of extensive renovations and upgrades, in terms of schools mostly, in the three countries.

LT. CRAGG: Thank you.

And how many total patients did you see onboard? Or can you explain that too?

CAPT. DALLMAN: I'm sorry, how much what did we see?

LT. CRAGG: How many patients did you see? I know that you probably had forward-deployed units, that went into the different countries and, you know gave people glasses and things like that. Can you go -- the numbers of patients you saw?

CAPT. DALLMAN: Sure, I can give you the numbers, just the big- picture numbers, the stuff that I kind of tracked and thought was interesting and meaningful.

We had 127 total surgeries onboard Boxer, 14,000 total dental procedures, 66 repairs to biomedical equipment in the various clinics and hospitals that we worked at.

A lot of this is done by corpsmen that don't have any parts, no kit, no tool bag, no anything. So I was amazed that they could repair that many.

We saw just under 4,000 optometry patients. We distributed about 3,500 glasses to those patients.

We dispensed nearly 40,000 medications.

We had a veterinarian team, and they saw just under 2,900 animals total. A lot of that was vaccinations and de-worming.

And primary care saw just over 14,000 patients.

So total patients for the 28 mission days was just over 24,000 patients seen. And that results -- if you add in the classes, 123 classes, and 18,000 total students for those classes, then that's a total of 65,000 encounters during the 28 mission days.

LT. CRAGG: Thank you. And I don't mean to be taking the place of the bloggers' questions. I'll turn them over to you.

Just one more question. With regard to the learning opportunities provided to the different medical professionals in the three countries that you visited, can you elaborate on the type of training or educational sharing that went on?

CAPT. DALLMAN: I can tell you that, you know, it presents challenges for our team to not only present in a foreign language but, you know, where -- in our society, we brief and train using PowerPoint, which has a lot of words on it, and in fact that presented challenges for people who didn't have that skill. So some of this stuff was done ad hoc basis in terms of presenting simple pictures that were put on a board or sketched on a piece of paper. So that's the kind of thing we did.

A lot of it was basic care. We looked at things like brushing teeth, CPR, nutritional information --



STAFF: How to treat wounds.

CAPT. DALLMAN: -- how to treat wounds.

STAFF: How to -- (off mike). CAPT. DALLMAN: -- how to give birth to children, basic sanitation techniques, things like that. First aid. Some of it was very basic. I would say overall it was relatively basic. That's probably the answer to your question. So, you know, those guys did some good work there.

LT. CRAGG: Thank you, sir.

And back to the bloggers. Do you have any additional questions for Captain Dallman?

Q I don't. You ran through the two I had. (Chuckles.)

LT. CRAGG: Chuck or Chris?

Q I've got what I need. I just want to tell the commodore that -- or -- that that was a really great mission. I enjoyed following it.

CAPT. DALLMAN: Thank you.

LT. CRAGG: Okay. With that, sir, if you'd like to provide any closing statement, any final comment --

CAPT. DALLMAN: Sure. Absolutely. We had a few days on the way home to put together our thoughts, and one of the things that one of the doctors did was to conduct a survey of the effect of this mission on our retention and recruitment.

You know, Center for Naval Analysis approved the survey done by Ph.D.s and MBAs. But we did find that overall there was an overwhelmingly positive impression of this HCA mission on people's impression of what was personally and professionally rewarding. People did find it very personally and professionally rewarding.

In fact, many of these folks saw this type of mission as a motivator to motivate them to want to stay in the Navy, and they saw the goodness in this. So it's hard to put into words, but I have had multiple conversations with people that have said to me this kind of thing -- being involved in this kind of thing and doing this kind of work is what they joined the Navy for and would motivate them to stay in the Navy even more.

And we did some good things down in country. I think it also had a very positive impact in terms of people's attitudes toward staying in the Navy and having a career in the Navy. And when they have to go back to their training as well, it certainly benefits our people to be more trained on expeditionary-type missions like this where we're going out into the field and working under conditions like this. And everybody has to overcome many of the challenges that the daily mission did present.

So, that said, we're happy to be back here in San Diego. And that's about all we have.

LT. CRAGG: Thank you, Captain Dallman. Appreciate your valuable time for today's DOD Bloggers Roundtable.

Today's program will be available online at the Bloggers link on DOD.mil, where you will be able to access a story based on today's call, along with the source documents, such as the bio, audio file and print transcript.

Again, thank you, Captain Peter Dallman. And of course the blogger participants, thank you all.

This concludes today's event, and feel free to disconnect at any time.

END.